

Case Number:	CM13-0024532		
Date Assigned:	11/20/2013	Date of Injury:	05/04/1987
Decision Date:	10/09/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female with a reported date of injury on 05/04/1987. The mechanism of injury occurred when the injured worker was struck by a falling baseball. The injured worker's diagnoses included atypical facial pain, migraine, trigeminal neuralgia, mixed insomnia, and long term drug therapy. The injured worker's previous treatments have included medications, ice, heat, relaxation techniques, acupuncture, cortisone injections, and a TENS unit. The injured worker's diagnostic testing included dental x-rays, a brain MRI on 06/10/2008, and an MR angiogram on 08/12/2008. The injured worker's surgical history included a surgical procedure for a LeFort fracture. The injured worker was evaluated on 03/01/2014 for a follow up medication check. The injured worker continued to have frequent, severe headaches and migraines. The injured worker's medications included Ambien CR 12.5 MG once daily at bedtime, Cymbalta 60 mg once daily, Dilaudid 8 mg was stopped 03/05/2014, titration started on 3/5/2014 to achieve dosage of gabapentin 300 mg three times per day, lorazepam 2 mg three times per day, Norco 10/325 mg every 3 hours as needed, duragesic 25 mcg patch every 72 hours, and Relpax 40 mg twice per day as needed. The request was for botox injections times 2 treatment cycles for headaches and migraines. No rationale for this request was provided. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

BOTOX INJECTIONS TIMES 2 TREATMENT CYCLES FOR HEADACHES AND MIGRAINES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox;Myobloc) Page(s): 26.

Decision rationale: The injured worker complained of frequent headaches and migraines. The California MTUS guidelines not Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. The guidelines recommend the use of Botox for cervical dystonia and chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The requesting physician's rationale for the request is not indicated within the provided documentation. As the guidelines do not recommend Botox injections for tension-type headache or migraine headache, the injections would not be indicated at this time. Therefore, the request for Botox Injections times 2 treatment cycles for Headaches and Migraines is not medically necessary.